	Effective October 1, 2003 10 788, 766												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTIT													
TOTAL CLAIMS . 35					·		].	RATE	FEE	٦¨	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC F	EE 385.0	OR			1:
TOTAL CHARGEABLE CLAIMS			35 minus 20=		• 15		1	XS 9:	_	1	YSAG	2 - 0	1
INDEPENDENT CLAIMS			3 minus 3 =		2			<u> </u>		OR		270	┨
Mi	JLTIPLE DEPE	NDENT CLAIM P			- <del>/2</del>			X43=		OR	X86=		-
_								+145=		OR	. +290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L L	OR	TOTAL	1,040	
CLAIMS AS AMENDED - PART II									CNTITY	-00	OTHER		
AMENDMENT A		(Column 1) CLAIMS		(Colun	EST	(Column 3)		SMALL	'ADDI-	OR T	SMALL	ADDI-	ł
		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONA FEE	-	RATE	TIONAL FEE	
	Total	. 40	Minus	- 3	5	= 5		X\$ 9=		OR	X\$18=	250"	)
	Independent	. 8	Minus .	***	3	= 5		/ 60 X43=		OR	X86=	1,800,00	SP
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145	<del> </del>	7	+290=	700,	(
1,14,25								+145=		OR	TOTAL		
(Column 1) (Co					O\	(0-1		ADDIT. FE		OR	ADDIT. FEE		
AMENDMENT B		CLAIMS		(Colum	ST	(Column 3)	1 1		ADDI-	ור	1	ADDI-	
		REMAINING AFTER AMENDMENT	·	PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	İ
	Total	•	Minus	**		= '		X\$ 9=	1.	OR	X\$18=	FEE	
	Independent	•	Minus	***		•		X43=		1	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_	<del>                                     </del>	OR			
							L	+145=		OR	+290=		
TOTAL ADDIT. FE										OR ,	TOTAL ADDIT, FEE		.*
(Column 1) (Column 2) (Column 3)													
홌	•	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	ı	X\$ 9=	1.55		X\$18=		
	independent	•	Minus	444		=	ŀ		-	OR .			
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•	X43=		OR	X86=		
										+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OPTION OF TOTAL ADDIT. FEE OPTION OF TOTAL ADDIT.													
1	he "Highest Num	ber Previously Paid	For (Total or	independen	ress than it) is the l	is, enter 's.' highest number	four	nd in the a	propriate bo	ox in colu	mn 1.		

Application or Docket Number